PTO/SBOILSON) SC00-190 BHO BOOSTINE Aguanti see to bevoiged U.S. Poleni and Trademer's Office; U.S. DEPARTMENT OF COMERCE

Note: the Peperson Reduction Act of 1995, no persons are required to respond to a collection of information unders & disperse a valid OMB control person. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber
10/73/, 950 Substitute for Form PTO-876 Effective December 8: 2004 APPLICATION AS FILED - PARCI OTHER THAN (Column 1) SMALL ENTITY · (Coin.n 2) OR SMALL ENTITY FOR HUMBER FLED HUMBER EXTRA RATE (1) BASIC FEE FEE AL FELIS N/A (37 CFR 1 16(4) (6) @ (4)) N/A **t**VA 150.00 ŃΑ 300.00 SEARCHFEE NA . (37-CFA | 16(H, H, or [m] H/A HIA \$250. NIA \$600 **EXAMINATION FEE** (37 CFR 1 16(0). (p). or (q)) : NA N/A NA \$100 NA \$200 TOTAL CLAIMS 27 CFR 1 160 X\$ 26 minus 20 . X\$50 HOEPENDENT QLAIMS OR X100 C tuna X200 Of became agriffing and drawings expect 100 APPLICATION SIZE sheels of paper, the application size fee due is \$260 (\$126 for small entity) for each additional 60 sheets or fraction thereof. See 137 CFR | 16|4) 39 U.S.C. 41(a)(1)(G) and 37 OFR \$:16(a). MULTIPLE DEPENDENT CLAIM PRESENT DI CFR I LOUI +160= 4360m * If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column t) (Column 2) OTHER THAN (Column 3): OR **SMALL ENTITY** CLAIMS SMALL ENTITY HIGHES' REMAINING PRESENT NUMBER 196 RATE di -IODA TIONAL AFTER PRĖVIOUSLY RATE(\$) EXTRA AOO! KENDMENT PAID FOR FEE (1) AT COR LING Minus FEE (I) X\$ 25 X\$50 西西 200 00 OR profesions Minus X100 X200 Application Size Fée (37 CFR 1.16(4)) PREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1.160) +180= +360a OR TOTAL TOTAL ADD'L FEE 0000 OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING HUMBER PREVIOUSLY PAID FOR PRESENT RATE (1) ADDI-TIONAL AFTER. RATE (1) ADOI-TIONAL MENOMENT FEE (A) Total Minus EEE (I) δ X\$ 25 X\$50 OR trospindent . Minus X100 X200 OR Application Size F40 (37 CFR 1.16(1)) first presentation of multiple dependent claim (b) cfr 1.16(1) 4180s 4380z OR TOTAL TOTAL OR If the entry in column 1 is test than the entry in column 2, write "V in column 3.

"If the Tighest Number Previously Paid For" in THE SPACE is less than 20, enter "20".

"If the Tighest Number Previously Paid For In THE SPACE is less than 3, enter "20".

The Tighest Number Previously Paid For (Total or Indocendent) is the highest number found in the appropriate pex in column 1.

It collects of information is required by 37 GFH 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentially is potented by 35 U.S.O. 122 and 37 OFR 1.14. This collection is estimated to take 12 minutes to complete. It less amount of time you require to complete deprecation form to the USPTO. Time will very depending upon the individual cites. Any commission of time you require to complete this form and/or suppetitions for reducing like burden, should be sent to the Chief Information Office, U.S. Pepartment of Commerce, P.O. Box 1450, Alexandria, VA 22319-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ORBES, SEND TO: Commissionar for Patents, P.O. Box 1460, Alexandria, VA 22319-1460. ADD'L FEE